Are you 5-13 years old and interested in playing spring soccer? Sign up at Driving Park to be a part of the spring season.

The age divisions are: 5-6, 7-9, and 10-13. These are all co-ed teams.

Conditioning and practices will start the week of March 25th, and games will start in the middle of April.

Last Name:

Email Address:

Emergency Contact Name:

Address:

2015 DRIVING PARK SPRING SOCCER

1100 Rhoads Avenue Columbus, OH 43206 (614) 645-3228

www. Columbusrecandparks.gov

Registration Week:

March 17th-March 21st

Season Starts:

Week of March 24th

Apt. No.:

Practice will be *Tuesday* and *Thursdays* 6pm-7pm
Games will be on *Saturdays* From 10am-2pm

* Register in person at Driving Park during normal business hours.

This program will cost \$10

COLUMBUS RECREATION AND PARKS COLUMBUS PARENTAL PERMISSION FORM RECREATION AND PARKS _, my son / daughter, _ (Print Parent or Guardian's Name) (Print Child's Name) to participate with , and the children from **Driving Park** Recreation Leader Recreation Center / Playground ALL Spring Soccer Activities 2015 to be held at <u>CRPD Designated Location (s)</u> (Activity) ALL Spring 2015 from 9:00 (A.M. / P.M.) to 3:00 (A.M. / P.M.). TO BE SIGNED BY PARENT / GUARDIAN I agree <u>not</u> to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program / activity. (Signature of Parent or Guardian) (Date) (Telephone Number) (Emergency Contact Number) COLUMBUS RECREATION AND PARKS DEPARTMENT D. P. SOCCER REGISTRATION INFORMATION FORM **Driving Park Recreation**

AGE DIVISIONS: (5-6) (7-9) (10-13)

Emergency. Contact Telephone No.(s):

____First Name:__

Birth Date: ____/____ Age :_____ Other Telephone: _

Emergency Medical Info. (allergies, diabetes, etc):

State: _____ Zip Code: _____ Home Telephone: ___